

# VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100344

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 03/24/2011

## External Standard Test Values

### EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.45: 0.078

LOT #: 02511080A3

EXPIRATION: 02/01/2013

BLANK TEST	0.000	14:40
INTERNAL STANDARD	VERIFIED	14:40
EXTERNAL STANDARD	0.079	14:41
BLANK TEST	0.000	14:42
EXTERNAL STANDARD	0.079	14:42
BLANK TEST	0.000	14:43
EXTERNAL STANDARD	0.079	14:43
BLANK TEST	0.000	14:44
EXTERNAL STANDARD	0.079	14:44
BLANK TEST	0.000	14:45
EXTERNAL STANDARD	0.079	14:45
BLANK TEST	0.000	14:46

Average = 0.0790

Std Dev = 0.0000

## Diagnostic Check

### VERSIONS

DMT: 1.01

PIC: 3.02

Modem: 2.0

Questions: 2.2

### TEMPERATURES

Sample Chamber = 48.9°C

PASSED

Breath Tube = 45.8°C

PASSED

### PUMP INFO

Flow Rate = 5.390 L/M

PASSED

### DETECTOR INFO

PUMP ON

PASSED

PUMP OFF

PASSED

### FILTER INFO

Filter 1

PASSED

Filter 2

PASSED

Filter 3

PASSED

INTERNAL STANDARD

PASSED

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the Breath Alcohol Program, which includes assuring that instruments are calibrated and maintaining program records.

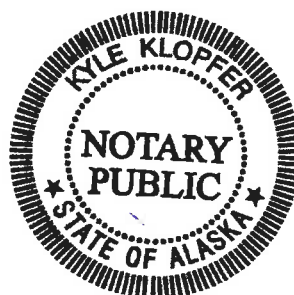
(5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.


Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

6/15/11

Subscribed and sworn before me this 15 day of JUNE, 20 11



  
Notary Public's Signature  
My Commission Expires on WITH OFFICE

  
Notary Name  
OFFICE

  
03/24/11  
03 5125